

(Mrs. BACHMANN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

#### POLITICAL TURMOIL IN HONDURAS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise in support of the people of Honduras. I rise in support of Honduran democratic institutions and legal authorities who refuse to be coerced into ignoring their Constitution and the rule of law and who refuse to have their future as a democratic nation and a democratic society hijacked. For months prior to June 28, Manuel Zelaya had engaged in a systematic campaign to subvert the Honduran Constitution in order to strengthen and extend his own rule.

Last November he tried to postpone the primaries for the upcoming presidential elections. This January he tried to stuff the Honduran Supreme Court with his personal buddies. Then this March Zelaya issued an executive decree, calling for a referendum that would ultimately allow for the extension of his presidential rule, all in direct contravention of the Constitution.

The Honduran Supreme Court, the administrative courts, the attorney general, the commissioner for human rights, the Supreme Electoral Tribunal, and the Honduran National Congress all declared this referendum to be illegal; but that did not stop him. In fact, following the decision of the Organization of American States to open its doors to the Castro regime, Zelaya probably felt empowered, if not destined, to follow the tyrannical ways of the Castro brothers.

Zelaya continued to demonstrate a blatant disregard for the legislative and judicial branches of the Honduran Government and the sanctity of the Honduran Constitution. Consequently, he was charged with treason, abuse of authority and usurping of power. On June 26, the Honduran Supreme Court of Justice issued a warrant for Zelaya's arrest. While Zelaya's removal from office was in accordance with the Honduran Constitution and the rule of law, U.S. officials were among the first to rush to judgment and condemn Zelaya's removal. Joining arms with the likes of Hugo Chavez, Daniel Ortega, the Organization of American States, and the United Nations, the U.S. continues to lead the calls for Manuel Zelaya's return to power and, reportedly, for his immunity from prosecution for the political crimes with which he is charged.

The U.S. has suspended more than \$20 million in assistance to Honduras. U.S. leaders have now chosen to punish those who are working to preserve the idea of checks and balances in Honduras. They are revoking the visas of all current government officials, even

members of the judicial branch. In fact, the vice president of the supreme court has already had his visa taken away.

Sadly, the same officials who continue to call for direct engagement with the Iranian regime, irrespective of that regime's violence, torture and other actions against its own people, the same U.S. officials who recently reaffirmed Iran's so-called nuclear rights are the same ones who are now seeking to intimidate and strong-arm Hondurans into submission and very strongly into difficult humanitarian straits in the coming months.

In fact, as the U.S. increases the pressure on Honduras, the U.S. is making unilateral concessions to the regime in Syria and just eased sanctions on Damascus. This just days after the State Department submitted to Congress a report stating that Syria continues to pursue advanced missiles, and chemical, biological and nuclear weapons capabilities and continues to sponsor violent Islamic extremist groups like Hezbollah and Hamas.

We are at a critical juncture in our foreign policy. In the Western Hemisphere, the situation in Honduras has become the linchpin for the thwarting of ALBA leaders' anti-America and anti-freedom agenda.

□ 2015

Yet, the approach adopted by the U.S. is one where enemies of freedom are emboldened and strengthened while democratic institutions and allies are undermined and weakened.

Let us hope for our Nation's security interests that the U.S. will see the danger in this approach and change course before it is too late. Let us hope that the U.S. leadership will heed the words of Ronald Reagan from March, 1978 when Reagan said, "Our fundamental aim in foreign policy must be to ensure our own survival and to protect those who also share our values. Under no circumstance should we have any illusions about the intentions of those who are enemies of freedom."

Mr. Speaker, let us send a clear signal to the enemies of freedom that we will not hedge, we will not waver, that we stand with the people of Honduras and the democratic institutions as they work to preserve their democracy against enemies foreign and domestic.

#### 30-SOMETHING WORKING GROUP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for 60 minutes as the designee of the majority leader.

Mr. RYAN of Ohio. Mr. Speaker, we are here to discuss the health care reform proposal that is now being discussed in Washington, D.C., and really throughout the country.

We are going to use tonight's hour of our 30-Something Working Group to talk a little bit about what is in the bill—what is actually in the bill, not

what is being said on talk radio or from some Internet site that is basing their comments and their critiques of this bill on really things that don't exist. And we want to do that.

It is interesting that tonight the 30-Something Working Group will be articulating this, and then over the course of the rest of the week and into the fall, to discuss this critical piece of legislation for the American people because one of the previous speakers was talking a little bit, and it reminded me, as I heard some of the rhetoric, they were talking about health care savings plans and all of these accounts, a couple of things came to mind.

The origination of this 30-Something Working Group was the creation of then-Minority Leader PELOSI to discuss Social Security privatization. That is how this whole thing originated 4 or 5 years ago with Congressman MEEK, and then Congresswoman WASSERMAN SCHULTZ and I, and then later on CHRIS MURPHY from Connecticut. And we were discussing all of these issues, but one of the issues was Social Security privatization.

So before we get into this bill, I think it is critical for us to remember that our friends on the other side who are now so critical of what we're trying to do here were in charge of the House, of the Senate, of the White House. They had President Bush, they controlled the Senate, they had this Chamber—Tom DeLay was running the show—and they didn't do anything for health care costs. So I think it's important that that's out there. And if they wanted to pass some kind of comprehensive health care reform, they should have done it because we are still dealing with the problems that they failed to solve when they were in. And this is a problem facing millions of Americans, millions of small businesses that we need to help address. So that's why, as we talk today, this needs to be in context.

The Social Security privatization, I mention that because, let's imagine where our country would be today if our friends on the other side had their wish and privatized Social Security. Can you imagine where this country would be today if President Bush and Tom DeLay got their wish and privatized Social Security? I know in my district we're dealing with all kinds of pension issues—Delphi salary, Delphi hourly, UAW, steelworkers have all lost their jobs, their pensions in many cases are in jeopardy. Thank God for the PBGC to help cushion the blow. But can you imagine the cost to this country if the Republicans had been able to fully implement their economic agenda? They did the tax cuts, they did most of their economic agenda, but fortunately we were able to prevent privatized Social Security. So it's important for us to realize that as we begin to debunk some of these myths.

I would just like to suggest, Mr. Speaker, as we go through this, and I have encouraged my constituents and

would encourage all Members of Congress within an earshot to base their critiques on what's actually in the legislation. Don't we at least owe that to the American people? This is big. This is comprehensive. This is complex, multidimensional. Every chip you move moves another chip on the table. But we owe it to the American people to have an honest, mature discussion.

The rhetoric that is being fed to the American people is outrageous. I want to start with one, and I will go through some others and we will talk about the bill a little bit. But one of the commercials about how much it will cost—and my friend from Texas mentioned it a few minutes ago, and I would love to talk about that and the CBO scoring. But one of the things that I'm hearing from people who listen to Fox News or listen to talk radio is this plan is going to cover illegal immigrants.

How dare you drive up my health care costs. I have to lose my pension, but you're going to spend the American tax dollars covering illegal immigrants. It is clear, right here in section 246, "No Federal payment for undocumented aliens." "Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States." Black and white. Can we move on? Can we now move on and talk about how much health care is costing our country, that it may bankrupt our country? Section 246, "No Federal payment for undocumented aliens." Right here. So now let's have an honest discussion about what's in this bill as we start to knock down some of these.

First, the cost of doing nothing, which has happened over the last 13 or 14 years. We haven't done anything since President Clinton tried to move health insurance reform in the early nineties. We know that if we do nothing, that there will be an \$1,800 increase for a family of four every single year. That's what happens if we do nothing.

There has been a 4 percent increase in property insurance and an 11 percent increase in health insurance year in, year out; year in and year out. We can pull out boards and say it's going to cost you this and cost you that, but the biggest expense is the cost of doing nothing.

Look at this system. It's atrocious. To even call it a health care system is ridiculous because it's not. Why would you possibly be okay with a system that doesn't try to prevent sickness? Why would you be okay with a system that waits—we don't want to prevent you from getting sick, but gosh, once you do, come right into the emergency room, we'll take care of you because we're a compassionate country. And we are a compassionate country, but let's be a smart country. Let's be a wise country. And true compassion would be not waiting until someone gets deathly sick and shows up at the emergency room. God gave us a brain, too, and he

wants us to use that brain. And we are all in agreement here, as we use the gift that God has given us to use logic and process information, that if we take some of this money that we are spending in the system, and instead of waiting and being reactive and rescuing people, we spend a fraction of that money on the front end and we make sure that everyone has some preventative coverage.

This is not a Democratic idea, it's common sense. Talk to the CEOs of hospitals. I've got one in my district. He is a Republican CEO. He says, Please, TIM, whatever you do, give me the opportunity to give this person a \$20 prescription instead of having this person show up in my emergency room and costing me \$100,000. This is not brain surgery that we're trying to perform here.

And the fear tactics and the fear tactics and the fear tactics that are coming from Members of Congress, they're coming from talk radio, they're coming from Fox News about illegal immigrants are going to be covered under this plan. And as I read earlier in section 246, they're not. They're not. Section 246, "No Federal payment for undocumented aliens." "Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States." I'm going to say that to every single person I meet who brings it up because this debate has more to do with the well-being of all of our citizens than to try to be demagogued and try to alienate people.

You look at our plan, and it covers 97 percent. Why doesn't it cover 100 percent? Well, for the reason I just said. And it is already in law where illegal immigrants can't be covered under SCHIP, they can't be covered under Medicare, they can't be covered under Medicaid. And from the employer-based system that we already have, an employer is not allowed to hire an illegal immigrant, so how could you cover them under this plan, if you're under an employer-based system, when an employer is not allowed to hire an undocumented worker? So let's put this aside and let's have this discussion. The American people want us to have a mature discussion here. Small business owners want us to have a mature discussion.

I got a call today in my office. I periodically pick up the phone and chat with my constituents who call, and the concern was about seniors on Medicare being hurt by this plan. It's important for our seniors to recognize—our friend said, it's \$9,200 a family. And I'm happy to pay my share because I remember when my grandparents were in their last months, weeks, years of their life, they had health care because of the Medicare program. So all of these folks who want to not have the government involved in health care, you know, tell your parents and your grandparents to give back their Medicare. Give it back. You don't want it. The government's

involved in that. Give it back. No Medicare. Of course you're not going to say that. Of course you're not.

And to have this discussion—honestly, we would say we could save money in Medicare. We should. Not on the backs of our seniors, but there are a lot of overpayments, in Medicare Advantage, for example, that we can squeeze out of the system. One of the costs to Medicare is the fact that there is no previous care for a lot of people. So if you're 60 or 61 or 59, you see the date coming where you're going to be Medicare eligible and you don't have health insurance coverage or you don't have a good plan or you have a pre-existing condition in which you can't get health insurance, you have heart disease or you have cancer and it has not been in remission long enough—I had this woman come to a round table I had the other day. She had cancer. She got kicked off her plan, got cancer, and then could not get on any other health insurance plan because she had this preexisting condition. Her cancer wasn't gone for 10 years, so until it was gone for 10 years no one would pick her up. Tragic in the United States of America. But a lot of people do that. And so they wait. Instead of getting health insurance, they think, I'll be on Medicare in a few years, so I will just wait this out. And that leads to some chronic issues, chronic disease issues. That leads to, again, not preventing things from happening. Maybe cancer is spreading, maybe breast cancer, maybe cervical cancer because they failed to go and get preventative care. So they get into the Medicare program, and costs blow up because they've waited. So part of squeezing some of the fat out of Medicare is adding this element of prevention.

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And this is what our grandparents told us growing up. An ounce of prevention is worth a pound of cure. Don't get yourself into trouble. You get in a fight, well, I was right, he was wrong. You should have not gotten in the fight, then you wouldn't have all these series of events that happened that you now have to deal with. Prevent yourself from getting in these situations.

That's what we're trying to do with this legislation. It makes a great deal of sense. Another myth that has been forwarded by our friends on the other side is the cost that CBO gave a week or two ago in their analysis that the trillion dollars that we are saying needs to be spent in this plan is actually \$2 trillion or \$3 trillion. I don't know exactly what the exact number is from the Congressional Budget Office.

Now, this is the point I want to make. The Congressional Budget Office is nonpartisan, so they deal a blow to the Democrats and then they deal a blow to the Republicans, but, you know, we have an opportunity—they're not partisan. They've slammed everybody. But what we want to say, and what needs to be highlighted is, in the

CBO analysis of the health care plan, when they factor in the cost and they try to do the long-term costs and the long-term analysis, they do not factor in prevention.

So as I mentioned with the CEO of the hospital the other day, you know, if you're not factoring in this person who shows up at the emergency room with late stage cancer, when you maybe could have given them access to an OB/GYN or a mammogram or regular prostate checks, I mean, these are the kind of things that will prevent that. So if you're just adding what if this person doesn't have health care and shows up in the emergency room and the long-term cost of that person, without factoring in the preventive side, that cost would balloon. But common sense will tell you that the prevention will lower the costs. And that's what CBO has not factored in.

So this prevention can save the system a heck of a lot of money. Now, the CBO, one of the other myths is that the CBO, or our friends are saying, Well, this is going to dry up the employer health care plan or the employer-based system. And it's going to put—everyone's going to go into the public option and they're not going to stick with their employers. And so CBO did an analysis of this. So, as I said a couple of minutes ago, CBO blasted the Democrats. We have a response to that, saying that they failed to factor in the preventative aspects of our bill. And so the next myth is that our friends are saying that this is going to destroy the employer-based system. So I'd like to read an excerpt from the CBO letter analyzing this. Over the weekend they did this.

It says there will be an increase in employer-sponsored insurance coverage. This is a quote, We estimate that about 12 million people who would not be enrolled in an employment-based plan under current law would be covered by one in 2016 largely because the mandate for individuals to be insured would increase workers' demand for insurance coverage through their employer.

So they're saying that 12 million people who would not be enrolled now would be covered by one in 2016. So an increase of the employer-based system in 2016 by 12 million, largely, because employers want to give their folks a benefit. And under this plan, they will be negotiating with millions of other people, as opposed to, in the instance of a small business, just being out there on their own with five, 10, 15, 20 people trying to piece this whole thing together. And we'll go through the cost of doing nothing for small businesses.

It's incredible. So they see this as a real opportunity to leverage their business with others and therefore, increase the amount of people who will be covered under the employer plan.

Third-party validator, Congressional Budget Office, not always in agreement with the Democrats, says that that's just false; Medicaid coverage does not

crowd out private health insurance. CBO does not anticipate a substantial shift from private insurance to Medicaid. Specifically, we estimate that about 1 million people who would otherwise have employment-based insurance or individually purchased coverage would end up enrolling in Medicaid in 2016. So very small numbers.

One of the things, too, there's been this Lewin Group's analysis about the public option and people going into the public option. CBO knocks that down. And it's good to know, I think, I'm trying to remember, I think it was United Health who, yep, the Lewin Group, who did this analysis saying everybody's going to leave employer and go to this public option. That study was funded by United Health Care and requested by the rightwing Heritage Foundation. It's been widely discredited for its flawed review of the House legislation. So it's important, again, that we base our analysis on what the facts are and what's actually in the bill.

So the CBO refuted this Lewin group estimate, quote, For several reasons, we anticipate that our estimate of the number of enrollees in the public plan would be substantially smaller than the Lewin Group's, even if we assume that all employers would have that option.

So CBO's projecting 10 to 11 million people would maybe go into the public option, a very, very small number. And it's important for us to remember that. So, again, another myth, that there's going to be a decrease in employer-based health care. Not true, CBO, non-partisan, actually an increase of 12 million people by 2016.

Also, stated by our friends on the right, that this is going to drive people to this public option. CBO, again, non-partisan, saying that's just not true; that that just won't happen.

One of the other things that I think's important to remember, again, doing nothing costs, will cost you or your family next year \$1,800 for a family of four, a \$1,800 increase. And that is not just next year and then it ends. As people know, it keeps going.

And so there's a business in my district, I was talking to the gentleman who owns the business. He happens to be on both sides of the insurance industry. He's a provider, but he also has 150 people who he employs. And over the course of the last 5 years, he's had an increase, aggregate increase of, I think, 42 percent in his health care costs for his company. And then he's on the provider side, so he gets paid by insurance companies, and with a 42 percent increase on health care for his folks, but yet, he got no increase for the services that he was providing to the insurance company.

So you see again that we need reform in the system where you can't just continue to increase costs, not pay your provider, and deny coverage. And that was really one of the messages that was hammered home in our townhall—it wasn't a townhall, it was a round-

table that we had this weekend in Niles, Ohio, at Vernon's Cafe, that a lot of people are very, very concerned about this preexisting, being denied for a preexisting condition. And with all the money that we have in this system, for us, as a country, to say, Oh, no, you have cancer. You're on your own. You're not eligible for Medicare yet. You're not poor enough to be on Medicaid yet. And you've got to go out and try to get COBRA coverage or something else is completely outrageous and needs to be dealt with in this country.

And I feel like this is a moral issue for our country, for people to have to have that level of suffering that is unnecessary. There's enough suffering already with the cancer or with the issues that, the health issues that people are dealing with. We don't need to add to it. There should be a level of security within the system that we know everybody will get taken care of.

One of the issues that we have to deal with and tried to be helpful with, is this issue of cost. Now, this is a chart of our expenditures up to 2006. As you can see, the United States is in red. France, Canada, Germany and the United Kingdom are in a shade of blue. And this line here is life expectancy. So you can see that we're all pretty much in the same realm of life expectancy, give or take a year and a half, 2 years, which, if it's you, that's a very important distinction. But on the average, we're pretty much around the late seventies, early eighties.

And the cost, as you can see, of health care for Americans goes through the roof. Goes through the roof. So you can see how much we are paying per individual in 2006. It's close to almost \$7,000 a person, when France is spending a little over \$4,000 a person. And we all have the same life expectancy. What's wrong with this picture here? So, to say that we're going to let this continue, that for a family of four, \$1,800 increase next year, \$1,800 increase in 2011, another 18, these are compounding on top of one another. Play it out. We bankrupt the country.

You want to talk about small businesses being innovative, being able to compete against China, India, and all of these other countries, which is a whole other issue, but we've got to make these folks cost-competitive. And small businesses? A 129 percent increase for health insurance since 2000. Want to just keep going down that road? We know how it ends. It don't end pretty. We can just keep going.

And that's what many people on the other side of the aisle want to do, they want to say "no." They want to nitpick and make things up to try to put the kibosh on this because they know, as has been stated in a memo from a top Republican consultant, that if they destroy health care they knock the legs out and they kneecap President Obama. This is a political issue for some people, and it shouldn't be, because the people that I met with at Vernon's Cafe want change.

An independent small business person was sitting right next to me, Neil. He had to close his lawn and garden business because he couldn't withstand the health care bills that he was getting. And he was supportive of Barack Obama's plan because he couldn't sustain his business. 129 percent increase since 2000? You want to talk about a tax increase on a small business? You know what? We're going to do it again next year. We're going to put more on next year, another couple of thousand next year per employee, another couple of thousand the next year and the next year and the next year as your energy costs go up, as your health care costs go up, as manufacturing continues to decline in the United States because we don't make anything anymore. On and on and on and on.

And you know what? This is about leadership, Mr. Speaker. This is about leadership. And sometimes some people just aren't going to like you. And sometimes people are going to try to use and score political points to try to prevent progress from happening. We need to do something, Mr. Speaker. We need to do it for the people who are out there suffering. We need to do it for the people whose costs keep going up. We need to do it for small businesses who recognize that this can put them right out of business in every single way.

These small businesses, I tell you, have really gotten the shaft in this whole health care deal. They don't have much bargaining power. And I think part of the magic of this approach that we've been working on and will continue to work on over the course of the next days and weeks is to allow small businesses who now have to go out into the market and try to find something on their own, will now be playing with millions of other people, and that ability to use the buying power, the partnerships through this exchange that's being created, will reduce costs for them.

□ 2045

I mean that's common sense. If you're a small business and if you have 10 people and if you've got to go to a major insurance company and try to strike some kind of deal because you want to provide health insurance for your employees, then you're on your own.

What we're saying is let's pool everybody together and give you an opportunity to go into these different plans, but if you like the plan you've got, you can keep that, too, and that will help drive down costs for these small businesses. It will finally put them on a level playing field.

So there has been a 129 percent increase for small businesses since 2000. Their premiums are 18 percent higher for a small business than they are for a big business. So they get it on that end, too. The percent of premiums that deal with administrative costs are higher for small businesses—25 percent as opposed to 10 percent. Yes, it does

make sense. They're a small business. This is a bigger business. There are going to be more administrative costs. Yet, if we allow them to join together, to pool together, then they will begin to reduce some of those costs.

This is a winner for small businesses that are already covering their employees, because they're not going to see that 8, 9, 10, 12—sometimes higher—percent increase. What's great about this plan is that there are limits. We've talked a bit about preexisting conditions. So you get into the plan, and you may be sick, and you may have cancer or heart disease or a variety of other illnesses. What this plan does is it limits and caps for catastrophic coverage. So, if you're an individual, you can't pay more than \$5,000 a year for catastrophic coverage. If you're a family, the number now is about \$10,000 a year for catastrophic coverage. That's still a lot of money, but the bottom line is it's not going to bankrupt most people.

When you look at what is happening today in the United States, half of our bankruptcies, Mr. Speaker—half—are caused by health care, by a health care crisis. Imagine this: In 2009, in the United States of America, you could have a health care crisis in your family, and you might have to file bankruptcy. Is that incredible? Are we okay with that as a country? I'm not, and I think there are millions of other people who aren't either. This is a problem that we need to solve, to share together and say, hey, wait a minute. What are the values we have in this country? Liberty and freedom. You know, there are a lot of different phrases and words we have, but what do we really believe? Our actions and our policies should be in line with those values that we have. What we're saying is that that is unacceptable.

So our friends on the other side, who had control of the House, of the Senate and of the White House, didn't do anything about it. You want to take the small piecemeal steps? You could have taken that one. In fact, you passed a bankruptcy bill that made it worse. They passed a bankruptcy bill that made it worse. Fifty percent of bankruptcies are health care-related. Unacceptable.

If our friends on the other side found it necessary and found it in line with their values to end denial for insurance coverage due to preexisting conditions, it could have happened. They had control of the House. They had control of the Senate. They had control of the White House, but it didn't happen. So now we've got some Johnny-come-latelies with a piecemeal plan here or there which doesn't solve the overall problem. We've got to bend the cost curve here. We've got to bend it. You don't do that with piecemeal actions. You do that with bold actions that will help bend the cost curve. Ultimately, that's what we're trying to do here.

Also, there is the preventative side here. There are no copays for prevention, so there will be an incentive for

us to be assured that people will go to the greatest extent possible to get preventative care.

Let me add this: We can only do so much with the system. People, average Americans, need to do a better job of keeping themselves healthy, too. It's not all us. The government is not going to do that. The insurance industry is not going to do that. Yet, if we tilt the system towards prevention, if we tilt the system to create incentives for it with doctors—and there is a component in here that gives more say to the doctors and to the patients to keep that relationship sacred between those two to make sure that the doctors get rewarded and paid based on quality, not quantity—then there will be an incentive in the system to make sure that our docs are able and willing to provide the most quality care, not having to worry about a variety of other issues. They will deal with the patient. It will be patient-centered.

Barack was at the Cleveland Clinic, which is just about an hour north of my district in Cleveland. He was at the Mayo Clinic. You hear what these top hospitals do. Every time you hear what they're doing successfully, it's patient-based, not insurance-based. You know, it's not "Some doctor has got to call somebody at the head office and ask, 'Is it okay for me to do this for the patient? Is it paid for? Is it not paid for?'" That's ridiculous. We're going to weed that out of the system and let the doctor make these decisions, not the insurance companies.

This brings me to another point—again to our friends and to right-wing talk radio, you know, which is at this point pure entertainment because I find very few facts issued out of the right-wing talk radio station as of late. It's the issue of rationing. People are saying, "Oh, my God. This big, you know, socialist system is going to be in place." It's not true at all. This is not Canada. This is a blend of what works here in America to make sure that we can bend that cost curve. This is going to be very uniquely American, which it should be. It maintains competition. It gives choice. You can keep what you've got, but you also have these other options which you may want to choose, including a public option, which should be there, I think, to keep people honest as a component of this whole system. You're able to shop around and to get what you want or to keep what you have and have choice and help contain costs.

What our friends keep saying is the government is going to come in and ration health care. If you don't think health care is being rationed right now, you have not talked to anybody who has been breathing for the last decade. The insurance companies are rationing health care right now. As a nurse said, who was at our town hall meeting this week, The government couldn't possibly ration more than the insurance companies are. We deal with it all the time.

A person will call his Congressman or Congresswoman, and say, Hey, can you help me? My God, this insurance company denied me. I thought it was in my policy. They wouldn't let the doctor do this or that. They're not going to reimburse. They're not going to pay for this.

The insurance companies are rationing right now. They've been hiring people to knock people off the rolls. Their employment has gone up. Their coverage has gone down because of rationing by insurance companies.

What we're saying is you can't do things like deny someone coverage for a preexisting condition. There will be a basic plan. Ninety-five percent of employer plans right now already meet the standard for the basic level, but there will be a basic plan on which people will be covered.

Ultimately, as I've said before, this is going to save us a lot of money, and it's going to help bend that cost curve. Ultimately, by doing that, which we fail to, I think, sometimes incorporate into this discussion, when you insure and assure people that they will have coverage and that they will have preventative coverage and that their kids will have coverage, there will be a level of anxiety that obviously goes away, which is very helpful.

This is going to increase the level of productivity in the United States because people will be healthier. There is a tremendous investment here to make sure that our docs and our nurses have the proper incentives for student loans to go to high-risk areas and practice and make some money so that their loans don't keep them from, maybe, wanting to be helpful in a community that they want to be helpful in. We need to make sure that we deal with the nursing shortage. It's all of these things. It will increase the level of productivity that we have because we're going to have more people who are healthy who are participating in this economy and who are contributing.

There was a story a couple of weeks back—I think it was in the Wall Street Journal—in which there was a kid—not a kid. He was probably in his twenties or early thirties. He wanted to go out and start his own business—I think it was a computer technology business—but he couldn't because the job that he held had insurance. His wife was sick with cancer, I think, but he knew, if he left and tried to get insurance for his wife, that she wouldn't be able to qualify because she would have had a preexisting condition.

How many stories are like that all across the country where you want to leave and want to start a small business and want to create value and grow your business but can't because someone in your family may be sick? So you don't because you have to stay put. How many times does that happen?

We have, really, the gem of Youngstown, Ohio. In the Mahoney Valley, we have the business incubator, the Youngstown business incubator—a

great place. Our district office is actually located on the third floor of the business incubator. Last week or 2 weeks ago, Entrepreneur Magazine said that Youngstown, Ohio, was one of the top 10 places in the country to start a business. It was really cool. They had the cover. It read, "Top 10 Places to Start a Business." In parentheses underneath, it read, "Youngstown, Ohio, anyone?"

So here we are in Youngstown, trying to convert our economy over from manufacturing steel and, just down the road in Akron, rubber. Communities like ours have started this incubator where we have all of these business-to-business software companies that are incredible companies as is the level of talent that works in this incubator. There are, I think, 300 people who work for the company. The average wage is \$58,000 a year. Companies from around the country now want to move there.

You can begin to see why we need to do this, because you want these young, bright, intelligent, creative people to feel like they can take a risk, can take a chance, can start a business without having to worry about the burden of health care. This is going to unleash a generation full of young, smart, creative people to get out in the marketplace and to create wealth for us and to hire people.

□ 2100

And especially with the green revolution coming, we're not really sure what's going to happen. There are so many nuances to green technology with solar panels and windmills and biodiesel plants and batteries, and we don't know.

But wouldn't you want, wouldn't it be smart to say, Don't worry about health care. You're going to have to pay some. This is not going to be a free ride. There is going to be shared responsibility here. Everyone's got to do their fair share. No one's going to get on board for free. There is going to be a ticket price here and everybody is going to have to pay something.

But wouldn't you want these young people to feel secure to be able to create the next generation wealth? I know we need it. I know when you're looking at places in the Midwest like Youngstown, we need these young people to feel unleashed and let their creative juices flow as they come out of engineering schools and they want to take a chance and be in an incubator and grow a company or start a company. That's what we need here. This is what America needs right now.

And we're trying to compete, Mr. Speaker, in the United States of America with 1.3 billion people in China, 1.2 billion or 1.3 billion people in India, and we only have 300 million people.

So we're spending all this money on health care, and we're not getting anything out of it. Let's spend this wisely. Half of the money to pay for it gets squeezed out of the current system; \$500 billion of the trillion gets squeezed

out of the current system. And that's young people and the Youngstown business incubator and incubators like it all over the country and young people like them all over the country. Let's fuel that fire. Let's throw some coal on it. Let's get it nice and hot. Let's let it burn. Because we don't have the same luxury that the Chinese have where if 300 million or 400 million people fall off the side of a cliff, they still have got a lot of people to contribute. We don't have that luxury.

So what we need to do is take the wealth that we have, invest it strategically in this country. And one of the biggest burdens for people to be creative and to start new businesses or for small businesses to grow is the cost of health care.

So our friends on the other side who say they're pro-business are going to allow an \$1,800 tax go on the backs of a family of four next year through inaction.

There are acts of commission and acts of omission. And there are taxes of commission and taxes of omission. And through inaction, there will be an \$1,800 tax put on the backs of families next year and small businesses next year. How can you say you're for small business development when your inaction allowed health care costs to balloon 129 percent since the year 2000? That is strangling small businesses.

Let's let them compete and pool their resources and get into the exchange, bend the cost curve. Let's have a uniquely American health care system. I mean, not what we got now. This is ridiculous. We're going to keep this system that we got? It stinks. It's not working. We're not okay with keeping it like it is. We want it to change. We want something different. We want it to work for the people. We want it to represent our values. We want it to unleash the creativity that the American people have.

The artists in this country in many ways are small business people. They take risks. They take chances. They go out in the public and they sell their products. They make it happen. That's an art form, and it takes a lot of courage. Let's help them. Let's not sit and turn our head, bury our head in the sand and hope problems go away. That's not what the people voted for. They didn't vote for us to stand by and watch. We're not on the sidelines. We're players in this game. We're supposed to do things. And inaction—and you can argue, Mr. Speaker, they can continue to argue inaction. Keep the government out. Don't do this, don't do that. That's bad. That's bad. No, no, no, no. That's all we've been getting here, and the American people don't want it.

We've got to go out and explain this to the American people. We've got people running around—they're so afraid of this happening, the only argument they think they have, which isn't even true, that oh my God, this is going to cover undocumented illegal immigrants. That's your health care debate

in 2009 in America. That's what you're telling your small business people? That's what you're telling this country? We can't do it because it's going to cover illegal immigrants, when in section 246 it says, No Federal payment for undocumented aliens? That's all you got? That's it?

2009 in the United States of America in Congress and on right-wing talk radio, all you've got is this is going to cover illegal immigrants, when it's not even in the bill?

Come on. American people deserve better than that. This is not what they signed up for.

Running ads. We've got politicians running ads about how this is going to cover illegal immigrants. What are you talking about? Stop it. American people don't want to hear that. I mean, it's continuing—it's very consistent with what President Bush started off fear-mongering to the American people: if we can't beat them, we scare people. If we can't beat them on the merits, we try to scare people. And it's just—it's not right.

And so over the course of the next few days, weeks and months, we're going to go out and we're going to talk to the Americans. But we want to hear what they think this is, what they want, their concerns.

But I can guarantee you one thing right now. I can guarantee you one thing right now, Mr. Speaker, that there is not any level of fear that can come out of right-wing talk radio, that can come out of FOX News, that can come out of the Republican conference, that can come out of the Republican Senate conference, that can come from Karl Rove and Newt Gingrich and everyone else. There's not a level of fear that they could manufacture that will meet or be able to compete with the level of fear the American people feel under the current health care system. They can't meet it, and we are going to try to the best of our ability to alleviate that fear for the American people.

And our friends on the other side have not produced an alternative plan.

Now, as we're wrapping up here—and I'm almost done—but the Republicans have not produced an alternative. They have not produced a plan. Because their sole goal is to destroy this one.

And so, Mr. Speaker, I think it's important that we continue to ask the American people to look at the facts, look at what's in the bill. If you have questions, that's legitimate. This is a big deal. We should have a conversation about this, about what's actually in here. What's the subsidy level? What are the tax rates? Who's getting taxed in this whole deal and who is not? Who's going to get coverage, and what level of subsidy are they going to get? What's Medicaid going to look like? What's Medicare going to look like?

This bill, through the savings that we have here, fills the doughnut hole in Medicare. It fills the doughnut hole through the savings that we squeezed out of the system here. We filled the

doughnut hole for the Medicare prescription drug bill so that seniors won't drop off after a certain level and not get covered again until their bill goes up to \$5,000 or so a year. That's what we're doing here.

So, Mr. Speaker, it's important that we all ask the American people during the course of this discussion to remember that our friends on the other side who had their opportunity for health care reform, had their opportunity for energy reform, controlled the House, Senate, White House, didn't do anything. Now they're coming to us saying that we're doing it wrong.

But it's important to remember that their top Republican strategists issued a memorandum to the Republicans in the House of Representatives that they have to be against health care because if they defeat health care, they defeat Barack Obama and they bring him down.

Now, when you're listening to the debate on the issues, when you hear unsubstantiated rumors, Mr. Speaker, it's important that the American people hear that and see that within the context of this memo in which the Republicans have been instructed to march down the line of destroying Barack Obama's health care plan, you can keep the plan you have. You will have more choice. This will bend the cost curve, be uniquely American, save us money that we can reinvest so that our small businesses can compete.

Doing nothing will continue the cost curve on small business up 129 percent since the year 2000. If we do nothing, a family of four will see an \$1,800 increase in their health care bill next year, if that. And if we do nothing, people will still be denied by insurance companies who will say to them, We won't cover you because you have cancer. We won't cover you because you have heart disease. Those days need to be over.

And let's muster up the courage to communicate to the American people, to have a mature, adult discussion about health care in 2009 in the United States of America.

Since when did Americans get afraid to do big things? This is what we do. We've built transcontinental railroads, we built the interstate highway system, we make sure we lift millions of seniors out of poverty with the Medicare program. We do civil rights. We do big things in America. And this is the next great challenge for us.

And we've got to meet this challenge. Not for the sake of me going home and saying, hey, we met this challenge or Speaker PELOSI saying it or anyone else, but because this is what the American people want. This is what they want us to do.

So the next few days and weeks are going to be talking about this quality, affordable health care, health insurance reform, and we're going to do this. This is going to happen, and this is going to be another landmark achievement in the history of the United States.

## LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CLYBURN (at the request of Mr. HOYER) for today on account of attending a memorial service.

## SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. BERKLEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Ms. BERKLEY, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. DAVIS of Illinois, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Ms. ROS-LEHTINEN, for 5 minutes, today.

Mr. FORBES, for 5 minutes, July 29.

Mr. PAUL, for 5 minutes, July 29, 30 and 31.

## BILLS PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on July 27, 2009 she presented to the President of the United States, for his approval, the following bills:

H.R. 2632. To amend title 4, United States Code, to encourage the display of the flag of the United States on National Korean War Veterans Armistice Day.

H.J. Res. 56. Approving the renewal of import restrictions contained in the Burmese Freedom and Democracy Act of 2003, and for other purposes.

H.R. 2245. To authorize the President, in conjunction with the 40th anniversary of the historic and first lunar landing by humans in 1969, to award gold medals on behalf of the United States Congress to Neil A. Armstrong, the first human to walk on the moon; Edwin E. "Buzz" Aldrin, Jr., the pilot of the lunar module and second person to walk on the moon; Michael Collins, the pilot of their Apollo 11 mission's command module; and, the first American to orbit the Earth, John Herschel Glenn, Jr.

H.R. 3114. To authorize the Director of the United States Patent and Trademark Office to use funds made available under the Trademark Act of 1946 for patent operations in order to avoid furloughs and reductions-in-force, and for other purposes.

## ADJOURNMENT

Mr. RYAN of Ohio. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 12 minutes p.m.), the House adjourned until tomorrow, Wednesday, July 29, 2009, at 10 a.m.

## EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from